

Louisiana PSH Program **Monitoring – Applicant File Checklist**

Participant Initials: _____ Yardi ID Number: _____

Reviewer: _____ Date of Review: _____

Instructions: OCD staff will conduct a review of the participant file in order to inspect that the required forms and back-up documentation are completed properly. OCD staff will use the checklist to document the results of the review of each participant file.

Required Forms	Completed		
1. PSH Program Application:	Yes	No	
Date of Entry into Program: _____			
Issues with Application: _____			
2. Eligibility Documentation			
a. Income Documentation:		Yes	No
Are source document(s) present for all work and non-work-income? _____			
b. Disability Documentation:	Yes	No	
Issues with 3 rd Party documentation: _____			
c. In Need of PSH Documentation:	Yes	No	
Issues with 3 rd Party documentation: _____			
3. Preference Documentation			
Issues with 3 rd Party documentation: _____	Yes	No	N/A
4. Release of Information Form			
Issues with ROI: _____	Yes	No	

5. Issues Related to Other Forms present in the File:

Additional Questions for Ineligible Files:

Does the file provide adequate documentation of the reasons the applicant was found ineligible?

Yes No

Was the applicant provided with an opportunity to appeal? Yes No

Is this appeal process adequately documented in the file? Yes No

Other comments: